

**EMERGENCY MANAGEMENT SERVICES**

Tel: (011) 407 6018 Fax: 0866360533

Please complete this form in full detail and as clear as possible.

**APPLICATION FOR CERTIFICATE OF FITNESS FOR EVENTS.**

Name of Event: \_\_\_\_\_ Type of Event: \_\_\_\_\_

Street No: \_\_\_\_\_ Street name: \_\_\_\_\_ Suburb: \_\_\_\_\_ Event Venue: \_\_\_\_\_

Applicant: \_\_\_\_\_ Trading as: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Cell No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_

Permission from owner of property obtained (Confirmation letter attached) Yes  No

Period applying for: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Time: Day  Night  Both

Night time; Emergency Lights: Yes  No  Back up Power supply: \_\_\_\_\_ Date serviced: \_\_\_\_\_

Number of public attendance:  Floor area: Indoors  m<sup>2</sup> Outdoors  m<sup>2</sup> Operational plans attached

Number of Exits: \_\_\_\_\_ Sizes: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Exit signs:  No smoking signs:

Open Light: Candles  Flammable Liquid  LPG  Container sizes \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Total kg

Surface: Tar  Concrete  Grass  Other: \_\_\_\_\_

Air conditioning system  Stage  Manufacturers details (Tent/Structure) \_\_\_\_\_

**Fire Equipment:**

Fire Extinguishers: Amount  Spaced  meters apart: Hose-reels: Yes  No

Hydrants on premises: Amount  Size  mm Compatible with EMS Yes  No

Emergency alarm system  P.A. System  Fire detection system  Smoke  Heat

**Fire Equipment:**

Draping: Treated with Fire retardant (Certificate attached) Yes  No

Other combustibles – treated (Certificate attached) Yes  No

**Trained staff present during attendance:**

First aid  BLS  ILS  ALS  Fire Fighter  Trained security staff  JOC

All safety management plans to be submitted prior to event. Certificate of competence must be attached. Electrical / structural engineer   
Materials treated with Fire retardant and any other relevant certificates.

N.B. Site Plan With A Layout Of All Structures, Seating Arrangements And Of Escape Routes To Be Attached To This Application.

**NB: If the applicant wishes to appoint a service provider to assist with the management of disaster management & Safety, the approval of the City is conditional upon the applicant taking the responsibility to ensure that such service provider is qualified in disaster management & Safety**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_